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FOR INFORMATION

COUNTRY NOTE**

Benin

SUMMARY

The Executive Director presents the country note for Benin for a programme of cooperation for the period 1999-2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Benin, classified as one of the least developed countries, has a population of approximately 5.7 million and a population growth rate of 3.3 per cent. The per capital gross national product has been increasing since 1994 and reached $370 in 1995. More than a third of the population lives below the poverty line. Benin, which since 1990 has an ongoing democratization process, has ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, but has not yet set up a monitoring mechanism for these two Conventions. A family code has been presented to the National Assembly.

2. Guaranteeing the Beninese child's right to survival continues to be a fundamental problem. The Bamako Initiative and the expanded programme on

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1998.

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immunization have been extended to the national level, and there has been a steady reduction in the infant mortality rate (IMR) to 94 per 1,000 live births and in the under-five mortality rate (U5MR) to 167 per 1,000 live births (according to the population and health survey of 1996). Mortality however, especially between the ages of one and eleven months, is kept high by deaths from malaria, diarrhoeal diseases, acute respiratory infections and malnutrition, which affects 75 per cent of all children. Development is hindered by a high overall rate of malnutrition (29 per cent) and by seasonal and regional food insecurity. Only 56 per cent of households have access to drinking water. Sanitation is almost non-existent because of the lack of preventive and protective measures.

3. Although 82 per cent of pregnant women have access to prenatal care, the maternal mortality rate (MMR) of 990 per 100,000 live births has not declined significantly. This is because of the poor quality of care and the unavailability of a proper referral system. Premature sexual relations, early marriages and early pregnancies increase the risks of maternal mortality. The percentage of sexually transmitted diseases and the HIV sero positive rate are increasing.

4. The gross school enrolment rate is 69 per cent, with wide disparities between the sexes (boys: 85 per cent; girls: 52 per cent) and regions (Borgou: 41 per cent; Atlantique: 95 per cent). The standard of education and the drop-out rate are sources of concern. The overall illiteracy rate of 63 per cent (74 per cent for women) is high.

5. The right of children to protection is still not assured because of the poverty that forces nearly half of all children between the ages of 10 and 14 to work. As a result of the breakdown of the traditional solidarity system, more than 100,000 children, 80 per cent of whom are girls, are placed in the homes of third parties who exploit them as unpaid labour. UNICEF, along with non-governmental organizations, has set out to raise the awareness of the authorities concerning the economic exploitation of these children (called vidomègon) and its impact on their future.

LESSONS LEARNED FROM PAST COOPERATION

6. The mid-term review noted that 85 per cent of the population had access to health services within a 5 kilometre radius, and that the immunization coverage was more than 80 per cent, but that the remedial-care utilization rate remained low (34 per cent). It recommended developing and reinforcing: at community level, health education and equal access to basic health care; at commune level, the integrated treatment of childhood illness (malaria, acute respiratory infections, diarrhoeal diseases, malnutrition); at sub-prefecture level, emergency obstetrical care and the improvement of the referral system between the three levels. These recommendations, along with that for a more integrated approach to community development, as in the education and community project, formed the basis of a second phase of the Bamako Initiative. The behaviour patterns of the development agencies and communities need to be changed to ensure the expansion and sustainability of these actions. The campaign against dracunculiasis, which has made significant progress, will be continued. Access

to drinking water and the improvement of sanitation facilities will be made a priority in the most deprived communities. UNICEF should continue its efforts to support and follow-up the implementation of the two Conventions and develop a subregional strategy to combat child trafficking between countries.

7. The implementation of the national community development policy, supported by donors within the framework of the 20/20 initiative and the national essential services strategy (according to which all communities have the right to health, water, education and food security), will help to promote the rights to survival, development, protection and participation. The Government's Independance des vaccins initiative should be encouraged.

8. The mid-term objectives assessment showed that a large number of intermediate objectives had been attained, but it is necessary to strengthen the national monitoring, evaluation and financial management capacity in order to achieve all the objectives set by the World Summit for Children. A cost-benefit analysis of the strategies developed will be undertaken.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. This country note, coordinated by the Ministry for Planning, was prepared in cooperation with national organizations, United Nations agencies in Benin and the other development partners. The new programming framework aims to reduce the gap between the needs of individuals, families and communities, and the services provided by the State and the various service agencies. First of all, this involves optimizing the social policies and the supply of services in the spirit of the two Conventions and in compliance with the national strategy note adopted in January 1997 by the Council of Ministers. At the same time, community capacity-building is necessary for improved development organization and better access to basic services as part of the ongoing decentralization process.

10. This programme should help to achieve the governmental objectives of reducing the U5MR by 25 per cent (from 167 to 125 per 1,000 live births), the IMR by 20 per cent (from 94 to 75 per 1,000 live births), the MMR by 25 per cent and the weighted malnutrition index (from 29 to 20 per cent), increasing the gross school enrolment rate to 78 per cent and strengthening the protection of children in need of special protection, such as the vidomègon.

11. The main components of the programme strategy will be: (a) advocacy of the dissemination of information on, and the exercise of, the rights of the child and women; (b) national, regional and community capacity-building in the areas of management, monitoring and evaluation, emphasizing equitable cost-sharing and the empowerment of women in community development; (c) support for the delivery of services undergirding the efforts of countries and partners in harmony with national priorities and targeting the most deprived; (d) development of intersectoral cooperation, as well as cooperation with the other partners, in particular the United Nations system. These strategies emphasize the role of the individual, the family and the community in developing new approaches and know-how. They will provide communities, and in particular women's groups, with improved access to services.

12. The country programme will be made up of five programmes. The community development programme is designed to increase awareness of the rights of women and children and enhance the commitment to the exercise of these rights in 300 villages or urban neighbourhoods in five action zones. The selection of these zones will be based on the existence of projects supported by UNICEF or the United Nations system, the weakness of social indices and inadequacy of basic services. The programme will develop, in cooperation with non-governmental organizations and other partners, joint activities in health, water/sanitation, education and the promotion of women (decision-making, control of income from revenue-generating activities, community management).

13. The aims of the health development support programme are to strengthen the development and implementation of national policies in health, nutrition and water/sanitation, and to reduce infant and juvenile mortality, as well as maternal mortality. The programme will expand immunization coverage and treatment of diarrhoeal diseases and acute respiratory infections among children, as well as embarking upon new strategies in malaria control (impregnated mosquito nets). It will revitalize five district hospitals to provide emergency obstetrical care and the corresponding referral system, follow-up on eradication of dracunculiasis, raise the awareness of and educate at least 80 per cent of adolescents in the areas covered about reproductive health, and step up the campaign against malnutrition.

14. The social development support programme is designed to reduce, as part of the national education policy the disparity of at least 10 per cent between the school enrolment rates of boys and girls, and support the national policy for children in need of special measures and protection. The programme will develop activities for the national network of committees to increase school enrolment of girls and promote the training of literacy instructors and primary school teachers. It will continue its activities on behalf of the vidomègon.

15. The cross-sectoral advocacy and communication programme is designed to develop attitudes among individuals (men, women and children), families and communities which are conducive to observance of the rights of the child and women. These activities will focus on communication training to change attitudes, advocacy for better allocation and implementation of the national budget for the benefit of the lowest social strata and harmonization of administrative texts and the law with the provisions of the two Conventions.

16. The monitoring and evaluation programme, which is also cross-sectoral, has as its objectives the capacity-building of the various actors involved in the monitoring and evaluation of community development, the compilation of the necessary information for the advocacy and monitoring of the implementation of the two Conventions, and the assessment of the effectiveness and efficiency of programme activities. The programme will focus on the analysis of the community development's replicability and sustainability, the extent to which the objectives of the World Summit for Children included in the national programme of action have been achieved, evaluating the implementation of the 20/20 initiative, and training in monitoring and evaluation techniques from the community to the national level.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003[a]

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Community development	2 100	5 500	7 600
Health development support	1 300	3 800	5 100
Social development support	600	1 950	2 550
Advocacy and communication	250	650	900
Monitoring and evaluation	750	600	1 350
Total	5 000	12 500	17 500

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.